## **NOTICE OF ACTION**

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

**APPLICANT - FINANCIAL ELIGIBILITY TEST** 

Notice Date	:
Case Name :	:
Number	:
vvorker	:
Number	:
Telephone	
Address	:

Rules: These rules apply; you may review them at your welfare office:

MPP 44-207.1

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.